

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR

Do not record more than one disaster work site and more than one pay period on this form.

NAME OF ORGANIZATION:	LOCATION OF WORK SITE:	TIME PERIOD COVERED:
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DISASTER NUMBER:	DSR NUMBER:
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Worker Name	Job Classification	Salary Type	Hours worked per day							Total Hours	Rate	Fringe Benefits	Total Pay
			Su	Mo	Tu	We	Th	Fr	Sa				
		Regular									\$	\$	\$
		OT									\$	\$	\$
		Regular									\$	\$	\$
		OT									\$	\$	\$
		Regular									\$	\$	\$
		OT									\$	\$	\$
		Regular									\$	\$	\$
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		Regular									\$	\$	\$
		OT									\$	\$	\$

I certify that this information was transcribed from timesheets, payroll records, or other documents which are available for audit.	TOTAL HOURS		TOTAL COST	\$
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature </div> <div style="width: 45%;"> _____ Date </div> </div>				